

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org THIS SPACE FOR OFFICE USE ONLY

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STATE OF HEWA TATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

	(Type or Prin	nt Clearly)	
PARTI LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
KANE,	JOELLE	SEGAWA	808-531-2023
MAILING ADDRESS (Street)			FAX
220 S. King St	reet, Suite 2100		808-531-2408
(City)	(State)	(Zi _l	o Code)
Honolulu	Hawaii	96	813
EMPLOYING ORGANIZATION	(Fill in only if you are employed by a business enti	ty which has been retained to lobby)	TELEPHONE
HENDERSON GALL	AGHER & KANE		808-531-2023
AILING ADDRESS (Street)			FAX
Same as above			808-531-2408
(City)	(State)	(Ziı	Code)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOB	BY FOR (Do not abbreviate)	TELEPHONE
1 (- + + +)	<u> </u>	(072) 221 222
Community Edi	ication Center	(973) 226-2900
MAILING ADDRESS (Street)		FAX
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ha 1	٨	
75 Livingston	1 Avenue	(973) 740-8560
(City)	(State)	(Zip Code)
		,
Roseland	New Jersey	67068
1 Wac with	MEW DERSEY	01068
NAME OF PERSON RESPONSIBLE FOR	PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
7 1 7 11		(973) 226-2900
JOHN J. Cla	LN CY	(4.13) 476-7400
MAILING ADDRESS (Street)		FAX
· '		
		(973) 740-8560
75 Livingston	1 Avenue	(943) 140-8560
(City)	(State)	(Zip Code)
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Roseland		07010
17036 0010	New Jersey	07068

PART	III DESCRIPTION O	TE SIIR	IECTS LIBON WHICH	· VOII	CYDEAT TO LARBY			
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	Agriculture		Education	X	Human Services		Science, Technology & Economic Development	
	Communications & Public Utilities		Government Operations & Finance		Intergovernmental Relations, International Affairs		Tourism & Recreation	
	Consumer Protection & Commerce		Hawaiian Affairs		Labor & Employment		Transportation	
	Culture, Arts, Historic Preservation		Health		Planning, Land & Water Use Management		Other: (indicate below)	
	Ecology, Energy Environmental Protection		Housing	X	Public Safety & Corrections			
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PART	IV CERTIFICATION	OFIC	PRVICT			- :		
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	7/	(Signatu	re of Lobbyist)			Date)		
(Date)								
PARTY AUTHORIZATION TO LOBBY								
	AUTHORIZATION	N TO LO)BBY					
PART NAME	AUTHORIZATION	V TO LO	DBBY	TITLE	OF AUTHORIZING OFFICER	R OR PER	RSON REPRESENTED	
NAME				TITLE				
NAME				TITLE				
NAME	John J COF ORGANIZATION (if appl	Lan		TITLE	President		0	
NAME	John J. C	Lan		TITLE	Presibent	/CE	O E	
NAME (John J. C OF ORGANIZATION (if appl	Lan licable)	cy	TITLE	President TE	/CE LEPHON 973)	0	
NAME (John J. C	Lan licable)	cy		Presibent	/CE LEPHON 973)	O E	
NAME (John J. C OF ORGANIZATION (if appl COmmunity GADDRESS (Street)	Llan licable) Ed	ucation C	-ent	Presibent TE TES FA (/CE LEPHON 973) x	O E	
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